



Administration & Regulatory Affairs Department
Regulatory Affairs Division
1002 Washington Ave
Houston, Texas 77002
Phone: (832) 394-8803 Fax: (832) 395-9632
Monday through Friday
8:00 a.m. until 4:30 p.m.



Vehicle for Hire Driver's License Application Packet Guide

- Fingerprints are now conducted by MorphoTrust USA through an exclusive contract with the Texas Department of Public Safety.
 - Obtain the FAST Pass Packet from our offices located at 1002 Washington.
 - Schedule an appointment for your fingerprints by calling 1-888-467-2080 or online at www.identogo.com
 - The cost for this service is \$41.45. You may pay online or onsite with a check or money order. No cash!
 - Results will be submitted to our offices in approximately 5 days.
- You are required to go to Municipal Courts to have a warrant check completed.
 - The cost for this service is \$20.00.
 - The warrant check will be stamped and signed on the application. The court representative will not provide you with any additional papers.
 - The warrant check is valid for only 30 days from the date completed.
- You are required to have a physical and 5 Panel Non DOT drug screen completed.
 - The Medical Form provided in this packet is the only form that is acceptable for the physical and the signature of an M.D. or D.O. physician is the only physician signature that will be accepted.
 - The doctor's address and contact number must be included on the form.
 - Both the physical and drug screen are valid for only 30 days from the date completed.
- Have the character reference form completed by 2 different individuals. The information is listed on the page in this packet. The page is "Schedule C: Character References".
- Have the application and deed restriction affidavit notarized. We can provide notary services free of charge when you come to submit the application.
- **Taxi License Applicants:**
 - You are required to take a taxi test.
 - Testing is available Monday – Friday from 9:00AM to 11:00AM.
 - A pencil is all that is needed. A key map will be provided to you.
 - The Taxi Test Study guide is available by request. It may NOT be used during testing.
- **Jitney, Low Speed Shuttle and Pedicab Applicants:**
 - The costs for the license is \$10.56

Bring the following items to The ARA Building at 1002 Washington Ave:

- The completed vehicle for hire driver application.
- The physical form signed by an M.D. or a D.O. within the preceding 30-day period.
- 5- Panel Non DOT drug screen that was completed and sealed in an envelope within the preceding 30-day period, with the Chain of Custody.
- Warrant check obtained from the City of Houston Municipal Courts within the preceding 30-day period.
- Valid Texas Driver's License, Social Security Card, and Work Authorization or U.S. Passport.

Other Application Information:

- Incomplete applications will not be processed or accepted.
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings.
- Documents containing alterations, erasures, or outdated photos will not be accepted



City of Houston
Regulatory Affairs Division
1002 Washington Ave.
Houston, Texas 77002
Phone: 832.394.8803 Fax 832.395.9632

FOR OFFICE USE ONLY

Taxi Test Score:

- 1) _____
2) _____
3) _____

**VEHICLE-FOR-HIRE
DRIVER'S LICENSE APPLICATION**

For which type of City issued driver's license do you want to apply? (Check one)

☐ Charter ☐ Taxicab ☐ Limousine ☐ Jitney ☐ School Bus ☐ Low Speed Shuttle ☐ Pedicab

Name: Last: _____ **First:** _____ **MI:** _____

Social Security Number: _____ Place of Birth: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address: _____ City: _____ Zip Code: _____

Main Number: ____/____/____ Alternate Number: ____/____/____ Email: _____

Texas Driver's License Number: _____ Class: _____ Expiration Date: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____ Marital Status: _____

Please check one:

Have you previously had a license? ☐ Yes ☐ No
Do you currently have a city issued driver's license? ☐ Yes ☐ No
Have you had a city license suspended, revoke d or denied? ☐ Yes ☐ No
Have you had any traffic violations in the preceding 12-months? ☐ Yes ☐ No
Have you ever been convicted of a crime? ☐ Yes ☐ No

What company do you intend to drive for? _____

List your occupation(s) and company name(s) for the past 5-years below:

DATE	NAME OF COMPANY	ADDRESS	OCCUPATION

List your places of residence for the past 5-years below:

NUMBER	STREET NAME	CITY/ STATE	ZIP

SCHEDULE M
Vehicle-For-Hire Driver's
Medical Examination Form

Name: _____ **Address:** _____

Please circle if you have ever had: Heart Trouble Epilepsy Fainting Spells Diabetes Tuberculosis

If you have circled any of the above, please explain on the line below:

To Be Completed by Physician:

Visual Acuity * (If individual wears glasses, test and record acuity with and without glasses)

Without Glasses: R 20/ _____ L 20/ _____ B 20/ _____

With Glasses: R 20/ _____ L 20/ _____ B 20/ _____

Field of Vision _____ Degrees _____ Depth Perception _____

Color Perception _____ Muscular Abnormalities _____

Hearing without Hearing Aid: Right _____ Left _____

Heart Sounds: At Apex Murmur _____ At Base Murmur _____

Rhythm _____ Enlargement Indicated _____

Pulse: Rate _____ Regularity _____

Blood Pressure: Systolic _____ Diastolic _____

Condition of Arteries: Sclerosis _____ Pulsations _____

Lungs: Rate _____ Breathing Sounds _____

Weight: _____ Height: _____

Extremities: Deformities _____

Routine Office Urinalysis _____

Evidence of Infectious Disease, Mental Disability, Emotional Instability, or Drug Addiction: _____

Remarks regarding any Condition not within Normal Limits: _____

This is to Certify that I have examined: _____ and certify that he/she is mentally and physically fit to safely operate and drive a Vehicle-For-Hire.

Signature of Physician: _____

Date of Examination: _____

Address: _____

Telephone Number: _____ / _____ / _____

Office Address Stamp

*Either a licensed physician or a licensed optometrist may perform visual Examination.
If additional space is needed, attach extra sheet.

** **Note:** Physical form must be signed by an M.D. or a D.O. **

The form must also be dated, have the clinic's address and phone number, or it **will not be accepted. **

**SCHEDULE C
CHARACTER REFERENCES FORM**

Name of Applicant:

Last

First

MI

Texas Driver's License Number _____

*Character reference information **CANNOT** be completed by the applicant. Character references must have known the applicant for more than **ONE YEAR** and **CANNOT** be related to the applicant.

**** IF YOU ARE A JITNEY APPLICANT, THE REFERENCE HAS TO HAVE KNOWN YOU FOR ATLEAST TWO (2) YEARS.**

Only answer Yes or No to the questions below:

Character Witness #1

- Has the applicant ever been your employee? _____
- Does the applicant use liquor to excess or drugs? _____
- In your opinion is the applicant trustworthy? _____ Honest? _____ Good Character? _____

Name (Please Print) _____

Home Address _____

Business Name _____

Business Address _____

Home Phone _____ Business Phone: _____

Signature _____ Date _____

Character Witness #2

- Has the applicant ever been your employee? _____
- Does the applicant use liquor to excess or drugs? _____
- In your opinion is the applicant trustworthy? _____ Honest? _____ Good Character? _____

Name (Please Print) _____

Home Address _____

Business Name _____

Business Address _____

Home Phone _____ Business Phone: _____

Signature _____ Date _____

City of Houston
Administration and Regulatory Affairs Department
Regulatory Affairs Division
Driver Affidavit

Declaration of Applicant:

Under penalties of perjury, I (print name) _____ declare that I have examined this application and accompanying Schedule C (Character References Form) and Schedule M (Medical Examination Form) and to the best of my knowledge and belief, that all information herein is true, correct, and complete.

Applicant Signature

State of Texas
County of Harris

Before me, _____ on this day personally appeared _____
proved to me through _____ to be the person whose name is subscribed to the foregoing instrument and knowledge that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal office this _____ day of _____ Ad 20_____.

Signature of Notary

My Commission Expires

MUNICIPAL COURTS WARRANT CHECK
FOR OFFICE USE ONLY

<p>MUNICIPAL COURTS WARRANT CHECK \$20.00 1400 LUBBOCK, 1ST FLOOR</p> <p>_____</p> <p style="text-align:center">Status</p>	<p>CHECKED BY:</p> <p>_____</p> <p style="text-align:center">CLERKS; CORPORATION COURT</p> <p>_____</p> <p style="text-align:center">Date</p>
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**DEED RESTRICTION AND
LAW COMPLIANCE AFFIDAVIT**

Please initial next to each paragraph:

_____ I understand and agree that it is my responsibility to comply with all deed restrictions and city, state, and federal laws, regulations and/or ordinances concerning any activity authorized by the license, permit, or certificate, requested in the application to which this affidavit pertains and concerning any land or place where such activities may be conducted.

_____ I also understand and agree that the City of Houston by issuing the license, permit or certificate for which I am applying does not excuse or approve of any violation of deed restrictions, of city, state or, federal laws, regulations or ordinances and that the license, permit, or certificate will be void in the event that it is used in violation thereof.

_____ I fully understand that if the permit, license, or certificate for which I am applying is issued, the City of Houston or any other appropriate entity may institute legal proceedings against me if I violate any deed restriction, or any city, state or federal law, regulation or ordinance.

_____ To the extent that this affidavit is made on behalf of a corporation or for the benefit of any persons other than myself, I certify that I have fully advised them of the content of this affidavit and that I am duly authorized to execute the same as the act and deed of the applicant or persons.

_____ Failure to make timely payments on permit fees may lead to revocation/suspension of the permit.

_____ Not Sufficient Funds (bounced checks will result in a \$24.00 NSF charge and all future payments will be required to be paid by money order or cashier's check.

_____ Insurance policies allowed to lapse will be cause revocation/suspension of the permit.

Signature of Affiant

State of Texas
County of Harris

Before me, _____, on this day personally appeared _____
proved to me through instrument and acknowledged that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of
_____, A.D. 20__

Signature of Notary